

Waste Management Administration • Oil Control Program

APPLICATION for
OIL TRANSFER LICENSE

For Office Use Only

OT Number: _____

1. Name of Licensee: _____
2. Account Number: _____
(Maryland Fuel Tax Division, Dealer and Special Fuel Seller Accounts Numbers)
3. Federal ID Number: _____
4. Mailing Address: _____

Person Responsible for Submitting Quarterly Oil Transfer Reports

5. Name: (Mr./Mrs./Ms) _____
6. Telephones: _____ / _____ / _____
(Office Telephone) (Fax Number) E-Mail Address

Method(s) of Transferring Oil into Maryland (check all that apply)

7. Marine Vessel ☐ Pipeline ☐ Tank Truck ☐ Rail ☐
Other ☐ (specify) _____

Applicant (or Agent) Information

8. Name: (Mr./Mrs./Ms) _____ Title: _____
9. Telephones: _____ / _____ / _____
(Office Telephone) (Fax Number) E-Mail Address

10. *Signature*: _____ *Date*: _____
(As required by Environment Article 4-411, Annotated Code of Maryland)

Workers' Compensation Coverage (check one)

11. Proof attached as required under Environment Article 1-202 ☐
Exempt – No employees in the State of Maryland ☐